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The multiplier effect of partnerships:

The Charleston-Dorchester Mental Health Center
and its 70 sites of care



In a nutshell

The Charleston Dorchester Mental Health Center (CDMHC) in South Carolina has partnered with community stakeholders since the 1950s to provide access to prevention, diagnosis, and treatment of mental illness in close to 80 sites in Charleston and Dorchester Counties.

CDMHC's innovative programs divert hundreds of patients from the hospitals and emergency departments, increase community tenure for children with mental health conditions, prevent tragedy triggered by untreated mental illness, and improve the quality of life of the mentally ill in South Carolina's Lowcountry.

Background

The Charleston Dorchester Mental Health Center (CDMHC) is part of the South Carolina Department of Mental Health and serves urban and rural areas of Charleston and Dorchester counties, home to 11% of the South Carolina population. Over 70% of patients at CDMHC are Medicaid enrollees or low-income uninsured persons. In addition to the regular services provided by community mental health centers, CDMHC has created multiple opportunities for low-income residents of these counties to access mental health services.

The Model

- **Crisis response:** Assessment and Mobile Crisis Unit
- **Inpatient diversion:** Tri-county crisis stabilization center (closed in 2009 and will re-open in 2016)
- **Emergency room diversion:** Weekend Psychiatric Urgent Care Clinic
- **Post-booking jail diversion:** Mental Health Court
- **Mobile services:** Highway to Hope RV
- **School-based services:** mental health services in 53 schools
- **Co-placement** of mental health professionals at different agencies

Key elements of the strategy

I. The mental health court

The Charleston Mental Health court is a post-booking jail diversion program for defendants arrested for misdemeanor and non-violent felony offenses. Intensive mental health case management is provided by CDMHC clinicians who follow the defendants for 6-12 months post completion of the program.

Results FY 2011-2012

- 65% of the people in Mental Health Court successfully graduated from the program.
- Homelessness in the cohort was reduced by 32%.

II. The Tri-county Crisis Stabilization Center (TCSC)

In 1998, Charleston County established a mental health task force that works in close cooperation with CDMHC. One of its main collaborative projects is the Tri-county Crisis Stabilization Center that operated between 1999 and 2009 and will hopefully be opening its doors again in 2016.

This center was a 10-bed unit created to treat voluntary consumers in psychiatric distress that needed intensive treatment, but did not need a full service hospital. Due to changes in regulatory requirements related to Tuberculosis prevention, the Tri-County Crisis Stabilization Center stopped its activities in 2009; the Charleston mental health collaborative



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received a waiver for such requirements and will re-open TCSC's doors in 2016.

Results

- Hospital diversion grew from 383 people in 2001 to 677 in 2005, and the center closing in 2009 coincided with a 900 increase in behavioral health bed utilization at MUSC in 2010.
- From a cost-effectiveness perspective, the average length of stay (LOS) at local inpatient facilities was 8.7 days in 2005 with an average cost per admission equivalent to: \$3,870.00 whereas the average LOS at TCSC was 3.2 days with an average cost per admission equivalent to \$1,036.50.

III. Co-placements

53 schools

CDMHC is working to keep children in environments conducive to their wellness. CDMHC staff are embedded in all (30) schools in Dorchester School Districts 2 and 4, and in 23 schools in Charleston School District. In Charleston, schools pay \$5000 for 1 day/week of a Mental Health Professional, \$10,000 for two days, \$15,000 for three days or \$20,000 for 4 days and one day of a psychiatrist per month.

This program has increased satisfaction among school staff, has decreased disciplinary actions, and has increased student tenure in classroom, home, and community.

Other settings

CDMHC has partnered with the Department of Social Services, the Department of Juvenile Justice, Federally Qualified Health Centers, Select Health of South Carolina, the Sheriff Al Cannon Detention Center, the Charleston Police Department and child advocacy centers, among others, to co-place mental health professionals where they are most needed.

IV. The Assessment/Mobile Crisis Team (AMC)

The team

The Assessment and Mobile Crisis team was established in 1998 by merging the crisis response team (in operation since 1987) and the adult intake services team.

It operates 24/7 and is composed of a team leader, a director of Emergency Services, 7 master's prepared "front line" clinicians, 3 part-time psychiatrists and a 1.5 FTE administrative specialists.

Psychiatric emergencies addressed by the Mobile Crisis Team are those in which there is imminent risk of harm to self or others. The Mobile Crisis Team works in close partnership with law enforcement and EMS to respond to these; and they have access to personal contacts in all agencies that may work as sources of community support for individuals in crisis.

Staff stress is minimized by rotating out of the Mobile Crisis Unit and into other functions on an as needed basis.

Main Functions:

- **Triage:** Assessment of client needs and providing dispositional options.
- **Intake:** is a 60-90 minute assessment that includes opening the medical record.
Since January 2015, the AMC team started doing intakes as people walk-in; no need for making appointments, and no more than 15-minute wait times. This was possible through the adoption of the "all hands on deck" approach that prepares multiple staff members to do assessments, thus allowing for maximum efficiency in the use of staff time. Since its inception, the volume of new open cases at CDMHC has increased to 400 per month (an increase of approximately 20%). This new model has also allowed CDMHC to be more effective in closing cases.

Strategic and financial stakeholders of the Tri-County Crisis Stabilization Center (1999-2009)

- SC Department of Mental Health
 - Charleston/Dorchester Mental Health Center
 - Berkeley Mental Health Center
 - Charleston Memorial Hospital
 - MUSC's Institute of Psychiatry
 - Palmetto Behavioral Health
 - Roper St. Francis Healthcare
 - Trident Medical Center
 - Charleston County Sheriff's Office
 - Medical Society of South Carolina
 - Charleston Center
 - Dorchester DAODAS
 - Kennedy Center (Berkeley County DAODAS)
 - Trident United Way
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- **Emergency community assessments:** Respond to community requests for assessment and stabilization of consumers with psychiatric needs in the community. These requests usually come from law enforcement, Emergency Medical Services, family members, or consumers who call the center in a moment of crisis, but can be generated by anyone in the community.
- **Probate Court Screenings:** Helping Community members navigate the Probate Court Commitment process
- **Dissemination of Information/Community Liaison:** Informing appropriate care providers of any necessary information concerning identified consumers in an effort to coordinate and improve their treatment



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- **Gatekeeping/Funding Approval:** manage the flow of patients from local hospitals to DMH state hospitals, and manage the funding process for indigent patients needing admission to local hospitals as CDMHC funds almost \$1,000,000 worth of local hospitalizations.

Serving the patients when they need it, where they need it

The 2009 closing of the Tri-County Crisis Stabilization Center led to the opening of two programs: The Weekend Psychiatric Urgent Care (WPUC) and the Highway to Hope RV.

- **WPUC**

The WPUC program is designed to help patients needing quick access to affordable counseling, medication, resource navigation, and crisis de-escalation during the weekends. It diverts patients in search of relief from psychiatric symptoms from unnecessary ED visits to the clinic. It is covered by 14 Mental Health Professionals (MHPs) on a part-time basis and three psychiatrists per month on average, also on part time and rotating basis, with 2 MHPS on at a time. It operates on Saturday from 8:00am to 6:00pm. Until recently it also operated on Sundays, but the instant access during the week days eliminated the need for

Sunday access. Although not frequently needed, the WPUC can arrange for behavioral health related hospitalizations.

- **Highway to Hope RV**

This mobile RV unit allows for the provision of psychiatric care to adults and children in the remote areas of Charleston and Dorchester. Hence, the motto “If you’ve got the need, we’ve got the speed”. At the beginning, CDMHC used the parking lot of FQHCs to offer its first services; since then, it has expanded to other venues. One of the most successful ones is the One80 Place (the largest homeless shelter in South Carolina) where Highway to Hope RV has joint activities with other social service organizations such as the “Hot Dog Ministry” that provides food to individuals without a home. This is an excellent example of success when the services go to where the people are. For the homeless population, shelter and food take precedence over mental and physical health.

Results FY 2013-2014

- 300 Mobile calls
- 511 Hospital Diversions
- 2080 Emergency Room Diversions

Closing comments

The multi-layered approach to care for the mentally ill at CDMHC has provided close to 70 points of access for low-income South Carolinians in need of mental health services, not counting the multipoint access created by the Mobile Crisis Team.

The staff of CDMHC is its main asset. Their motivation and willingness to serve the community are the main reasons why they join and stay at CDMHC; they are the fuel behind a continuous innovation process to ensure that people with mental health challenges in Charleston and Dorchester counties have the best opportunity to live happy and fulfilling lives.

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